

1 12-26-01



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PTO/SB/05 (03-01) Approved for use through 10/31/2002. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

First Inventor

GORISCH

Title Tilt-steered rolling device

(Only for new nonprovisional applications under 37 CFR 1.53(b)) Express Mai

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	ATION ELEMENTS	ADDRESS TO: Assistant Commissioner for Patents Box Patent Application								
	ncerning utility patent application cont	ents. Washington, DC 20231								
(Submit an original and	Form (e.g., PTO/SB/17) a duplicate for fee processing)	7. CD-ROM or CD-R in duplicate, large table or								
2. Applicant claims See 37 CFR 1,2	small entity status.	Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission								
Specification	[Total Pages 14]	(if applicable, all necessary)								
3. (preferred arrangeme	e of the invention	a. Computer Readable Form (CRF)								
- Cross Referen	ce to Related Applications	b. Specification Sequence Listing on:								
	garding Fed sponsored R & D equence listing, a table.	i. CD-ROM or CD-R (2 copies); or								
or a computer	program listing appendix	i i.								
- Background o - Brief Summar	t the Invention y of the Invention	c. Statements verifying identity of above copies								
- Brief Descripti - Detailed Desc	on of the Drawings (if filed)	ACCOMPANYING APPLICATION PARTS								
- Detailed Desc - Claim(s)	npuon	9. Assignment Papers (cover sheet & document(s))								
- Abstract of the	e Disclosure	10. 37 CFR 3.73(b) Statement Power of Attorney								
4. Drawing(s) (35 (U.S.C. 113) Total Sheets 4	11. English Translation Document (if applicable)								
5. Oath or Declaration	[Total Pages 2	12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations								
a. Newly exec	cuted (original or copy) a prior application (37 CFR 1.63 (d))	13. Preliminary Amendment								
b. Copy from a	a prior application (37 CFR 1.63 (d)) ation/divisional with Box 18 completed	14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
	TION OF INVENTOR(S) atement attached deleting inventor(s)	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)								
named in	the prior application, see 37 CFR	16. Nonpublication Request under 35 U.S.C. 122								
1.63(d)(2) and 1.33(b).	(b)(2)(B)(i). Applicant must attach form PTO/SB/35								
6 Application Data	a Sheet. See 37 CFR 1.76	or its equivalent.								
18. If a CONTINUING APPL	ICATION check appropriate how and	supply the requisite information below and in a preliminary amendment,								
or in an Application Data Sh	eet under 37 CFR 1.76:	supply the requisite information below and in a preliminary amendment,								
Continuation Divisional Continuation-in-part (CIP) of prior application No.:/										
Prior application information.	Examiner	Group Art Unit:								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.										
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Name	Wolfram G	ORISCH								
	Dueppeler St.	r. 20								
Address										
City	D-81929 Muenche	7 State Zip Code D - 8/929								
Country	Germany	Telephone +498993930253 Fax +49899393025								
Name (Print/Type)	GORISCH	Registration No. (Attorney/Agent)								
Signature	M. Garia.	Date 11/22/2001)								
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Patent fees are subject to annual revision.					Examiner Name				<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	=//			
Applicant claims small entity status. See 37 CFR 1.27					Group Art Unit									
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The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments					130	139	130	Non-Engl	lish spec					
			lency of this application	147	2,520	147	2,520	For filing	a reque	est for ex par	rte reexamination			
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**or number previously paid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)														
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Name (PrintType) GORISCH Signature W. Asmida					Registra Attomeyi	tion N Agent)	0.			Telephone	149 899	393025		
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